

02/05/01
JC715 U.S. PTO

PTO/SB/05 (4/98)

Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53 (b))

Attorney Docket No. 8058 PA05

First Inventor or Application Identifier Sincaglia, Nicolas

Title System for Distributed Media Network and Meta Data

Express Mail Label No. EL 584 702 914 US

APPLICATION ELEMENTS
See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. *Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)

5. Microfiche Computer Program (Appendix)

2. Specification [Total Pages 22] 6. Nucleotide and/or Amino Acid Sequence Submission
(preferred arrangement set forth below)
if applicable, all necessary
-Descriptive title of invention
-Cross References to Related Applications
-Statement Regarding Fed sponsored R & D
-Reference to Microfiche Appendix
-Background of the Invention
-Brief Summary of the Invention
-Brief Description of the Drawings (if filed)
-Detailed Description
-Claims(s)
-Abstract of the Disclosure

3. Drawing(s) (35 U.S.C. 113) [Total Sheets 13] 7. Assignment Papers (cover sheet & document(s))

4. Oath or Declaration [Total Pages 4] 8. 37 CFR §3.73(b) Statement Power of
a. Newly executed (original or copy) Attorney
b. Copy from a prior application (37 C.F.R. § 1.63 (d)) 9. English Translation Document (if applicable)
(for continuation/divisional with Box 16 completed)
i. DELETION OF INVENTOR(S)
Signed Statement attached deleting inventor(s)
named in the prior application, see 37 C.F.R.
§§1.63(d)(2) and 1.33(b)

10. Information Disclosure Statement (IDS)/PTO-1449 11. Preliminary Amendment

12. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)

13. *Small Entity Statement(s) 14. Certified copy of Priority Documents(s)
Statement filed in prior application, (if foreign priority is claimed)
Status still proper and desired

15. Other:

NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

16. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment.

Continuation Divisional Continuation-in-part (CIP) of prior Application No: _____ / _____

Prior application information: Examiner _____ Group / Art Unit _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

Name	BROWN, MARTIN, HALLER & McCLAIN, LLP				
Address	1660 UNION STREET				
City	SAN DIEGO, CALIFORNIA 92101-2926				
Country	USA	Telephone	(619) 238-0999	Fax	(619) 238-0062

Name (Print/Type)	Kathleen L. O'Connell	Registration No. (Attorney/Agent)	45,344
Signature	<i>Kathleen L. O'Connell</i>		Date
			February 5, 2001

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FEE TRANSMITTAL for FY 2001

TOTAL AMOUNT OF PAYMENT (\$395)

Complete if Known

Application Number	Unknown
Filing Date	Unknown
First Named Inventor	Nicolas William Sincaglia
Examiner Name	Unknown
Group / Art Unit	Unknown
Attorney Docket No.	8058 PA05

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 02-4070
Deposit Account Name BROWN, MARTIN, HALLER & McCLAIN

 Charge Any Additional Fee Required Under 37 CFR §§1.16 and 1.17 Applicant claims small entity status. See 37 CFR 1.272. Payment Enclosed: Check Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
101	710	201	355
106	320	206	160
107	490	207	245
108	710	208	355
114	150	214	75
SUBTOTAL (1)		(\$355)	

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
20	-20**=	X -0-	= -0-
4	- 3**= 1	X 40	= 40

*or number previously paid, if greater For Reissues, see below

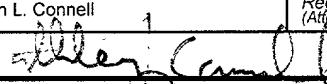
Large Entity		Small Entity	
Fee Code	Fee (\$)	Fee Code	Fee (\$)
103	18	203	9
102	80	202	40
104	270	204	135
109	80	209	40
110	18	210	9
SUBTOTAL (2)		(\$40)	

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
105	130	205	65
127	50	227	25
139	130	139	130
147	2,520	147	2,520
112	920*	112	920*
113	1,840*	113	1,840*
115	110	215	55
116	390	216	195
117	890	217	445
118	1,390	218	695
128	1,890	228	945
119	310	219	155
120	310	220	155
121	270	221	135
138	1,510	138	1,510
140	110	240	55
141	1,240	241	620
142	1,240	242	620
143	440	243	220
144	600	244	300
122	130	122	130
123	50	123	50
126	240	126	240
581	40	581	40
146	710	246	355
149	710	249	355
Other fee (specify)			
Other fee (specify)			
* Reduced by Basic Filing Fee Paid		SUBTOTAL (3)	(\$)-0-

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Kathleen L. Connell	1	Registration No (Attorney/Agent)	45,344	Telephone	(619) 238-0999
Signature				Date	February 5, 2001	

WARNING:

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.